

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/734,549
Application Date	12/11/2003
First Named Inventor	Oded Grinberg
Art Unit	2153
Examiner Name	Unassigned
Attorney Docket Number	017900-004210US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **59734**

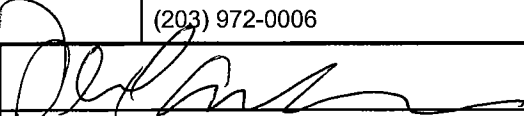
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter listed below.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☒ The address associated with Customer Number: **52025**

OR

<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name	Kurt Maschoff				
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Signature					
Name	Philip H. Albert	Registration No.	35,819		
Date	May 16, 2007	Telephone No.	650 326-2400		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.